

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination 03 / 31 / 2014		
Mailing Address PO Box 388			Amount 1748.35		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Sasse-Online Processing		Category/ Type 		Transaction ID : EA534534EE7614565AA4 Date of Disbursement or Obligation 03 / 31 / 2014	
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NE		
Calendar Year-To-Date Per Election for Office Sought 385370.82			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Allegiance Direct LLC			Date of Public Distribution/Dissemination 04 / 01 / 2014		
Mailing Address 421 E E St			Amount 2984.37		
City Purcellville		State VA	Zip Code 20132-3320		
Purpose of Expenditure IE-Sasse-Direct Mail Production		Category/ Type 		Transaction ID : EA74C10811E714D8EA0B Date of Disbursement or Obligation 04 / 01 / 2014	
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NE		
Calendar Year-To-Date Per Election for Office Sought 388355.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4732.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 04 / 09 / 2014		